STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345390	A. BUILDING _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE	7700 US 158 EAST STOKESDALE, NC 27357

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Focused Infection Control Survey was conducted on 1-28-21. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID: HYRL11	E 000		
F 000	INITIAL COMMENTS An unannouned Focused Infection Control Survey was conducted on 6-17-20. The facility was found not in compliance with 42 CFR 483.80 infection control regulations. Event ID# HYRL11	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.	F 880		

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F 880	Continued From page 2	F 880		

The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:

Based on record review, observations, review of facility's policies and staff interviews, the facility failed to implement their transmission based precautions policy for donning personal protective equipment (PPE), when 2 of 4 staff members (certified medication aid (CMA) #1 and nursing assistant (NA) #2) failed to wear gowns and/or gloves when providing care to residents on Enhanced Droplet Isolation precautions. These failures occurred during the COVID19 pandemic.

Findings included:

Review of the facility's "Corona Virus Prevention and Control" policy dated October 2020 revealed in part; new admissions will be placed on isolation in a private room for 14 days and precautions will be used while caring for residents.

Review of the facility's "Isolation-Categories of Transmission Based Precautions" policy dated 2020 revealed in part; mask, gloves, gown, and goggles will be worn when entering the resident room.

Resident #1 was observed on 1-25-21 at 12:30pm. The resident's door had an "Enhanced Droplet Isolation" sign posted and a receptacle hanging from his door containing gowns and gloves.

During the observation of Resident #1's door, CMA #1 was observed entering Resident #1's room with oral medication. The CMA was noted not to be wearing a gown or gloves and was

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F 880	Continued From page 3	F 880		

observed handing the resident the medicine cup and a glass of water from his table. The CMA did perform hand hygiene prior to exiting the room.

CMA #1 was interviewed on 1-25-21 at 12:35pm. The CMA explained she was in a hurry because she was behind on her medication pass and was trying to "go to fast". The CMA acknowledged Resident #1 was on "Enhanced Droplet Isolation" and she should have been wearing a gown and gloves when entering his room. She confirmed she had received training on COVID19, PPE and isolation.

Observation of the facility's "Tyndall Hall" occurred on 1-25-21 at 12:40pm. The staff were observed gathering lunch trays from the resident rooms. Resident #9 and Resident #10 resided in different rooms on "Tyndall Hall" and had "Enhanced Droplet Isolation" signage and receptacles hanging from their door containing isolation gowns and gloves. NA #2 was observed in Resident #9's room with no gown or gloves on while she touched the resident's table and a package of briefs. She exited the room without performing hand hygiene with Resident #9's lunch tray, placed it in the meal cart, returned to Resident #9's room without a gown or gloves, touched the resident on her shoulder, picked up bananas from the resident table, exited the room without performing hand hygiene and placed the bananas on the meal cart. NA #2 touched the meal cart without performing hand hygiene and moved it down the hall then proceeded into Resident #10's room without performing hand hygiene and not donning a gown or gloves. While in Resident #10's room she touched the resident's walker, the resident, a chair and the resident's table. The NA attempted to close the

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F 880	Continued From page 4	F 880		

resident's door to perform activities of daily living (ADL) care.

During an interview with NA #2 on 1-25-21 at 12:45pm, NA #2 acknowledged she had not donned a gown or gloves when she was in Resident #9's room and Resident #10's room. She also confirmed she had not performed hand hygiene between each encounter with the residents. NA #2 acknowledged she was preparing to provide ADL care to Resident #10 without donning a gown. She stated she was not aware Resident #9 and Resident #10 were on "Enhanced Droplet Isolation". She explained she worked for an agency and was not informed the residents were on precautions. NA #2 confirmed she saw the "Enhanced Droplet Isolation" signage and the receptacle but stated she did not read the signage. She also said she had not received education on infection control, precautions, PPE, and hand washing from the agency in "several months".

The Administrator was interviewed on 1-25-21 at 1:00pm. She discussed staff had received training on donning proper PPE when a resident was on "Enhanced Droplet Isolation" and COVID19. The Administrator stated she did not know why the CMA would enter an isolation room without a gown or gloves and the CMA could have asked for assistance if she was behind on passing her medication. She also discussed NA #2 was from an agency and she would call the agency to discuss training for their employee. The Administrator stated she would increase observations of staff to ensure proper PPE and hand hygiene were being implemented.

The facility's medical director was interviewed by

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F 880	Continued From page 5 telephone on 2-1-20 at 9:30am. The medical director discussed the need for staff to wear gowns, gloves, face mask and eye protection when entering a resident room who was on "Enhanced Droplet Isolation" and maintain hand hygiene. He stated without following the infection control guidelines, staff risk spreading the COVID virus.	F 880		